

LOW-INCOME RENTAL APPLICATION

The Bad River Housing Authority has low-rental units. Rent is based on annual adjusted income. There is a waiting list for all of our housing sites. Timeliness of selection depends on the availability of housing. Unfortunately, we are unable to offer emergency housing.

We require that you update your application every (12) months. If there are changes in address, income or family composition it must be reported immediately. The application will be filed inactive and removed from the waiting list if it is not updated.

~~The application must be completed before it will be considered for selection.~~ All questions must be answered. The application must be turned in to the Housing Office **seven days prior to Selection Meeting** in order for it to be considered.

Items that you need to complete your application:

- Social Security cards for all family members.
- Updated Tribal cards for all Tribal Members.
- Earned income information: such as W2's, Check stubs and or wage statements.
- Unearned income information: such as Child Support, FIP, Social Security, Per Cap and ECT.
- Driver's License/State ID for all family members eighteen years of age or older.
- Completed and signed release of information Agreement. A criminal background check will be completed on all applicants and family members eighteen years of age or older.
- Two landlord references from your most recent landlords. If you have ever rented from a HUD subsidized program, a reference from them must be provided.
- If you have never rented or can only supply one Landlord Reference, (Two) personal References from Professional people such as Social Workers, Case Workers, Teachers, Counselors, ECT, must be submitted. **Personal References will not be accepted if you have rented in the past. References must be in written form.**

When a unit becomes available, the Board of Commissioners reviews the completed applications for that bedroom size and site. Tenant selection is based on the following criteria:

- Income Eligibility
- The need for housing
- Tribal Membership
- Native American Heritage
- Satisfactory Criminal background Check
- Acceptable Landlord References
- All situations being equal on the application, the date and time of application will be the deciding factor.

If you have any questions or need help completing the application you can contact the Housing Office @ (715) 682-2271. Return your application to the Housing Authority @ P.O. Box 57 Odanah, Wisconsin 54861.

RENTAL APPLICATION

PLEASE PRINT CLEARLY

Received by _____

Date _____

Time _____

Applicant Name _____

Current

Address

City, State, Zip Code _____

Home Phone Number _____ Work Phone Number _____

Place of Employment _____

Co Applicant Name_____

Current Address _____

City, State, Zip Code _____

Home Phone Number _____ Work Phone Number _____

Place of Employment

Household composition: List the Head of Household first and all other members who will reside in the home.

Member
Name

Relationship

Date of Birth

Sex

Social
Security Number

Tribal
Affiliation[illegible]

Is there an absent parent? If yes, please give the absent parent(s) name and address:

Do you expect the absent parent to live in the home? If yes, when? _____

Will all household members reside in the home year round? _____

Do you anticipate any changes in the household within the next year? _____

How long have you lived at your current address? _____

Why are you looking for housing with the Bad River Housing Authority? _____

How many adults live in the home now? _____ How many children? _____

Are you or have you ever been evicted? _____

If yes, please explain in detail. _____

If yes, you must provide a copy of the eviction notice.

What is your current monthly rent amount? _____

What are your monthly costs for all utilities **except** cable and telephone? _____

Name and address of Utility companies:

Electric _____

Gas _____

Water & Sewer _____

Are you now or have you ever lived in government-subsidized housing? _____

If yes, when and where _____

What is your current housing condition? **Please explain in detail.**

Please list your previous address for the past five (5) years starting with your most current.

1. _____ From: _____ To: _____
2. _____ From: _____ To: _____
3. _____ From: _____ To: _____
4. _____ From: _____ To: _____
5. _____ From: _____ To: _____

List Names, Address and Phone Number of two relatives or friends who generally know how to contact you:

Name:	Address:	Phone:
Relationship:		
Name:	Address:	Phone:
Relationship:		

Do you own a car? _____

1. Make: _____ Year: _____ 2. Make: _____ Year: _____

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from this source during the next twelve (12) months.

Members Name	Source of Income and type	Monthly Amount

Has any household member ever been convicted of any crime other than traffic violations? _____

If yes, who? _____. When? _____ Where? _____

Are you or your spouse a veteran? _____

What branch of services? _____ Service Date? _____

Please provide a copy of discharge papers.

Do you or any household member have any current legal proceedings pending? _____

If yes, please explain: _____

Has any household member ever used any name(s) or Social Security number other than the one currently being used? If yes, who and what name? This would include maiden or a name from a previous marriage. _____

Applicant	Co-Appllcant
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1. Is any member of your household employed full time, part time or seasonally? _____
2. Does any member of your household work for someone who Pays them cash or is self employed? _____
3. Does any member of your household receive regular pay from from the armed forces? _____
4. Does any member of your household receive workers compensation? _____
5. Does any member of your household expect to work for any period during the next twelve months? _____
6. Is any member of your household on leave of absence from work due to lay off, medical, maternity or military leave? _____
7. Does any member of your household now receive, or expect to receive unemployment benefits or severance pay? _____
8. Does any member of your household receive child support? (NOTE you must answer this question yes if you have a court order even if you are not receiving the full amount awarded) _____
9. Does any member of your household receive alimony/spousal maintenance? _____
10. Does any member of your household now receive or Expect the receive welfare assistance or general assistance? _____
11. Does any member of your household receive or Expect to receive Social Security Benefits? (Including unearned income of minor children) _____
12. Does any member of your household receive disability benefits including social security disability? _____
13. Does any member of your household receive regular payments from retirement benefits? _____
14. Does any member of your household receive payments from Death Benefits? _____
15. Does any member of your household receive regular payments From inheritance, insurance settlement, lottery winnings ect? _____

16. Does any member of your household receive payments from Tribal per caps?

17. Does any member of your household receive or expect to receive income from a pension, life insurance dividends or annuity?

18. Does any member of your household now receive regular cash contributions from individuals not living in the unit or from agencies?

19. Does any member of your household receive income from assets including interest in checking or saving accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property?

20. Do you or any member own a home or other Real estate?

If yes, what is the market value of the home/real estate?

21. Have you or any member of your household sold or given away real property or other assets in the past two (2) years?

If yes, what was the market value?

HOUSEHOLD ASSET INFORMATION

Program regulations require that all assets be disclosed in order to determine qualification. Does any household member including minor children have money held in the following?

YES	NO		CURRENT BALANCE
_____	_____	Checking accounts (6month average balance).....	\$ _____
_____	_____	Savings accounts.....	\$ _____
_____	_____	Stocks.....	\$ _____
_____	_____	Capital Investment.....	\$ _____
_____	_____	Bonds	\$ _____
_____	_____	Trusts.....	\$ _____
_____	_____	Securities.....	\$ _____
_____	_____	Whole life insurance policy (do not include term life).....	\$ _____
_____	_____	401K.....	\$ _____
_____	_____	IRA/KEOGH Accounts	\$ _____
_____	_____	Certificate of deposit.....	\$ _____
_____	_____	Pension/retirement/annuity accounts	\$ _____
_____	_____	Money market funds	\$ _____
_____	_____	Treasury bills.....	\$ _____
_____	_____	Safety deposit box.....	\$ _____
_____	_____	Lump sum payment (inheritance, insurance settlement, lottery winnings, capital gains.....	\$ _____
_____	_____	Are any accounts jointly held with someone not in the unit...	\$ _____
		Which accounts? _____ and with whom _____	
_____	_____	Other.....	\$ _____

****Include trusts, 401K, ect. Only if accounts are accessible to the household prior to the termination of employment, retirement or death. If you are unsure, list the account, and it will be verified****

If you have additional information that you would like to add to your application, please use an additional sheet.

I understand the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I understand that my selection for Housing may be contingent upon the Housing being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling obtained from the Housing Authority and possible prosecution under the law. I have no objections to inquires being made for the purpose of verifying the statements made herein.

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

APPLICATION CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicated Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing immediately in writing. I will not sublease my assisted residence.

COOPERATION

I know I am to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays or termination of assistance and/or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

RELEASE OF INFORMATION

AGREEMENT

Bad River Housing Authority
P.O. Box 57
Odanah, Wisconsin 54861
715-682-2271 Fax: 715-682-6818

DO NOT ALTER THIS DOCUMENT: Failing to sign this form in its original condition could jeopardize your eligibility for housing assistance.

Personal Information

Name: Last: _____ Middle: _____
First: _____ Maiden: _____
Social Security Number: _____ Date of Birth: _____
Driver's License #: _____ State Issued: _____
Address: _____
City, State, Zip Code: _____

I herby authorize confidential information to be released between the agencies listed in this agreement.

AGENCIES RELEASING INFORMATION TO EACH OTHER

Bad River Housing Authority
P.O. Box 57
Odanah, Wisconsin 54861

School and Colleges
Support and Alimony Providers
Child Care Providers
Retirement Systems
Courts and Post Offices

Current Employers
Previous Employers
Social Security Administration
Tribal Social Services
Utility Companies
Law Enforcement Agencies
Credit Providers/Bureaus
Current and Previous Landlords
Family Independence Agency

Applicant /Client Signature _____ Date _____
Co Applicant Client Signature _____ Date _____

LANDLORD REFERENCE QUESTIONNAIRE

Current or Previous Landlord

Date: _____

RE: _____

Address

of rental: _____

Dear Sir or Madam:

We are asking for your cooperation in supplying information on the tenant history on the family listed above. This information will only be used only in determining whether the family can be accepted for admission to our program. Your prompt return will be appreciated. If you have any questions, please call me at (715) 682-2271

Thank You,

Housing Representative

I hereby authorize the release of the information requested below.

Signature of Applicant

Circle one: Current Landlord – Previous Landlord – Other

Is this a subsidized unit? _____

Date of applicant's tenancy: From: _____ To: _____

Are you a friend or relative? Friend _____ Relative _____ No _____

RENTAL PAYMENT

Monthly rent amount? _____

Is (was) applicant current on rent? _____

If no, please explain: _____

Have you ever begun eviction proceedings for nonpayment? _____

Does this applicant still owe money? _____ How Much? _____

CARING FOR THE UNIT

Does (did) the applicant keep the unit clean? _____

Has (had) the applicant damaged the unit? _____

If so, please describe: _____

How expensive: _____ How often: _____

Has (had) the applicant paid for the damages? _____

Will you (did you) keep any of the security deposit? _____

Did (does) the applicant have pets? _____ How many? _____

GENERAL

Does (did) the applicant permit persons other than those authorized to live in the unit? _____

Please describe: _____

Are you aware of any problems such as abuse and/or domestic violence? _____

Please describe : _____

Does the applicant interfere with the rights and quiet enjoyment of other residents? _____

Please describe: _____

Were the police ever called because of a disturbance? _____

Has the applicant given you any false information? _____

Please describe: _____

Would you rent to this family again? _____ If not, why? _____

What was the family's reason for moving? _____

What previous address did the applicant give when they applied for housing? _____

What forwarding address did the applicant give when they moved? _____

Signature of Landlord or Agent

Date

Daytime Phone Number: _____

To be completed by the Housing Staff

Verified? Yes _____ No _____ Name of person supplying information _____

Additional Comments, Concerns and Notations:

Signature of Housing Staff, verifying reference and date

DRUG FREE HOUSEHOLD STATEMENT

I, the undersigned, do hereby attest that myself and all members of my household do not use any illegal drug(s).

I further attest that myself and all members of my household are not involved in selling, possession, or use of any illegal drug, and that my household is a drug free household.

I further understand that if myself, members of my household, or guest(s) of my household use, sell or are in possession of illegal drug(s), that I am subject to immediate eviction.

I understand that this statement will remain in effect for the entire length of my tenancy with the Bad River Housing Authority.

ALL PERSONS 18 AND OVER SHALL SIGN THIS STATEMENT

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

**Authorization for the Release of Information /
Privacy Act Notice**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

To the U.S. Department of Housing and Urban development (HUD)
And the Housing Agency/Authority (HA)

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information (Cross out space if none)
(Full address, name of contact person and date)

Bad River Housing Authority
P.O. Box 57
Odanah, Wisconsin 54861

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information; (3) HUD to request certain tax return information from the state agency responsible for keeping that information from the U.S. Social Security Administration and the U.S. Internal revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request income information from the sources listed on this form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C.522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to government agencies for law enforcement purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household becomes 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owed rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19© leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent Form may result in the denial of eligibility or termination of Assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is Limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103 (1)(7) (A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e, interest and dividends].)

Information may also be used to obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e, interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provided in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying that the amount was, whether I actually has access to the funds and when the funds were received. In addition, I must be given an opportunity to consent those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household

Date

Other Family Member over age 18

Date

Social Security Number (if any) Head of Household

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Privacy Act Notice: Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S Housing Act of 1937 (42 U.S.C.1437 ET. Seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 20000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security number of each household member who is six years old or older. Purpose: Your income and other information collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay towards rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years an older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Missing this Contest:

HUD and HA and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000.00.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be apporp[eraire, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Bad River Housing Authority
USAGE POLICY
COMMUNITY GATHERING SPACE
In the Housing and Community Service Center

POLICY APPROVAL: The Bad River Housing Authority Board of Directors approved this policy on 12/19/2006 By resolution number 12-633-2006.

REQUESTER: Use of this space is on a first come first serve basis. An individual will be required to make a written request for use of the space. Use of the space shall be authorized by housing staff if no other activities are on the schedule. Requester must provide payment in accordance with the fee schedule for use of the facility upon their request and authorization. That person will be held responsible for any property and damage as a result of facility usage.

PURPOSE: The primary purpose of the GATHERING ROOM is to provide an appropriate space for tenant families and tribal members to get together for many reasons. Family gatherings, gathering to trade, or share, or celebrate, to learn, to teach, or to mourn has always been a cultural tradition. Appropriately designed spaces from which to carry out these types of traditional gatherings, has been very limited for many years. This new gathering space is now expected to encourage families and groups to do more community and family oriented activities more often. The ultimate result is expected to build a greater sense of family and community.

However, because this facility was constructed with Indian Housing Block Grant Funds regulated through the Department of Housing and Urban Development via NAHASDA legislation the Bad River Housing Authority must take care to ensure that basic guidance for the use of the Community Gathering Space is in place.

The intension of the usage policy is also to ensure that all requesters are treated fairly; that the Housing Authority staff document its usage; that the fees (if any are charged) are affordable; and that the resources needed to keep the gathering space safe, clean and in good repair are available and taken into account.

This policy is not intended to encompass ALL requests for usage by individuals, groups, tribal government entities, other governmental entities or business groups. Rather it is intended to be a simple guidance for sensible usage of the COMMUNITY GATHERING SPACE and is an effort to ensure and preserve the condition of the space for public usage for many years into the future.

There is a small non-commercial kitchen attached to the Gathering Space. The kitchen IS NOT to be used to prepare large amounts of food – but rather is expected to be a food serving space to support scheduled activities. It is also expected that the kitchen space will be a place to wash dishes and prepare small side dishes. The kitchen is normally used by the Housing Authority Staff as a break room. As such, many food items and kitchen supplies are stored in it. Management requires that any groups using the space respect the Housing Authority by bringing in their own supplies of food, garbage bags, tableware, etc. to support their activities.

CLEAN UP Any individual or groups requesting the use of the facility will be held responsible for clean up. If food is served – all food garbage is expected to be picked up, bagged, and disposed of in the Housing Garbage Trailer or in the designated garbage containers before leaving the space. All gathering room and kitchen space is expected to be cleaned, refuse removed, counters wiped down, any food or drink spills cleaned up, and all cooking and/or serving pots, pans, bowls, dishes, plug-in appliances, utensils, or any other food related products that were brought in for the event – **must be removed**. Any food or beverage spills on the floors are expected to be wiped up. Housing staff will be responsible for machine cleaning the gathering space, hallways, and public restrooms.

DRUG AND ALCOHOL FREE FACILITY

Under “HA2000.50 Alcohol/Drug Free Workplace Policy” the Housing and Community Service Center is an alcohol and drug free space. Anyone attending any activities in this facility is required to also comply with the 1988 Drug Free Workplace Act, P.L. 100-690. Anyone using this facility shall not manufacture, sell, dispense, purchase, possess, or use alcohol or any unauthorized controlled substances on Housing Authority premises or while conducting Housing Authority business. In addition, anyone noticeably impaired by alcohol or drugs and unable to meet the essential safety and performance while attending activities at the Housing Authority premises will be required to leave immediately. Controlled substances include, but are not limited to: narcotics, depressants, amphetamines, hallucinogens, marijuana, alcohol or any other controlled substances shall be asked to leave immediately. Anyone not complying with this policy will be reported immediately to the law enforcement agency.

HOW TO RESERVE THE SPACE

1. Fill out the “Request to Use” form at least three weeks in advance of the event.
2. Identify the Purpose for Usage, date, time, and any special requests.
3. Return to the Housing Authority along with the required **Fee**.
4. Housing Authority personnel will maintain an updated **Usage Schedule**.
5. Requester must be willing to be responsible for setting up and taking down all tables, chairs, signs, etc. that will be used during your event.
6. Facility users must be willing to be able to ensure that their usage will not create damage. Anything attached to the facility walls must be hung with only masking tape. You will be charged for repairs if tacks, nails, or other sharp objects are used to hold up banners, signs, or any other wall hangings directly to the walls.
7. Any housing authority equipment used during the event must be authorized ahead of time and must be free of damage. The user will be charged for cost of repair or damage.
8. The requester must be willing and able to set up and take down tables, chairs, clean up afterward, monitor participants during the event, ensure that during usage participants are complying with the drug free policies.
9. The requester must be willing and able to comply with all current and future policies for facility usage.

MONITORING OF FACILITY USAGE

During usage, the authorized user will be responsible for making sure that the event sponsors, participants, and non-invited guests are not damaging or misusing the property during the event. Any damage to the property will be the responsibility of the authorized user.

DISCLAIMER The Bad River Housing Authority and staff are not responsible for any property loss, injuries or illness as the result of any activities provided by non-housing authority providers.

FEE SCHEDULE

for
COMMUNITY GATHERING SPACE or the COMPUTER LAB
At the Bad River Housing Authority

SCHEDULING Scheduling for either space will be on a first come first serve basis. In order to reserve the space the user(s) must complete the **Request to Use** form; be approved to use the space for the requested dates and times and pay the fee.

FEE SCHEDULE: This fee schedule applies to Events sponsored by the following groups or individuals to be held in the Community Gathering Space or the Computer Lab.

Current Tenants Fee is \$25.00

Community Groups - \$40.00

Tribal Members Fee is \$35.00

Fee for All Other Entities - \$75.00

CURRENT HOUSING AUTHORITY TENANTS

Current Housing Authority Tenants are those individuals who have been selected by the Housing Commissioners and have a signed and approved Unit Lease with the Bad River Housing Authority for low income or mutual help units.

TRIBAL MEMBERS & TRIBAL GOVERNMENT

Tribal Members living within the reservation service area as identified within the Indian Housing Plan will be given second preference.

COMMUNITY GROUPS

Community groups, clubs, or formal organizations serving the needs of the reservation population.

ALL OTHER ENTITIES, GROUPS, BUSINESSES, FEDERAL, STATE, or LOCAL GOVERNMENTAL AGENCIES

Any other group, business, or governmental agency providing services within the community will be encouraged to sponsor activities.

INDIVIDUAL USERS OF THE COMPUTER LAB

Individual Users are defined as not being a part of any group or group sponsored event for which the computer lab has been reserved. An individual user is any adult tribal member residing within the Housing Authority Service Area who wishes to use the computer lab independent of any sponsored group. Individual Users may use the lab at random during the regular work week hours without charge. Individual users **MUST Sign In and Out** at the Housing Authority Reception Desk and must comply with any current or future policies for use of the Computer Lab.

***POLICIES:** The Board of Commissioners has approved these policies for use of either space. Users will be provided a copy of the Use Policy when they have been approved and scheduled to use the facilities. Any abuse of the use privilege or damage to the facility or equipment will be cause for retrieving the loss and ending the use privileges.*

- Step 1.** Carefully read attached Policy
Step 2. Fill out Request Form-Turn into Receptionist
Step 3. Housing staff will schedule room tentatively
Step 4. Pay fee (Fee needs to be received before room use is authorized)
Step 5. After Steps 1-4 are completed, Authorizing Housing Staff will sign off on Request Form
Step 6. You will be notified by phone, the status of your room request

Name: _____ **Daytime phone you can be reached at:** _____
Address: _____ Telephone Number(s): _____

Event Information

Purpose of Event: _____

Room Requesting: Community Gathering Room _____ Computer Room _____

Date: _____ **Time:** _____ **From:** _____ **To:** _____

Who will be in charge of setting up the space for your event? _____

Will you be bringing in any Equipment? Yes _____ No _____

If yes, please list _____

***The Housing Authority will not be responsible for any damage to any equipment, materials, or other items brought into the Computer Lab or Gathering Space for use during your event.**

Will you be hanging anything on the walls? (i.e.-signs, banners, easel sheets, etc.) Yes _____ No _____

If yes, please list _____

***Please be sure to use masking tape only.**

Authorizing Signatures

Signature of Person Requesting Room _____ Date _____

Signature of Authorizing Housing Staff _____ Date _____

Office Use Only Fee Received: Yes _____ No _____ Date Paid: _____ Amount Paid: _____

Date and Time building needs to be opened and closed:

Date: _____ **Time opened:** _____ **Time closed:** _____

Important Information: _____

cc: Maintenance Supervisor
 On-Call Maintenance
 Security



BAD RIVER HOUSING AUTHORITY

P.O. Box 57

Odanah, Wisconsin 54861

(715) 682-2271 • FAX: 682-6818

2 HOUSING BOARD VACANCY

1 Franks Field

1 New Odanah

THE BAD RIVER HOUSING BOARD HAS TWO OPENINGS FOR A BOARD MEMBER POSITION

APPLICANTS MUST BE IN GOOD STANDING WITH THE HOUSING AUTHORITY

GOOD STANDING MEANS: "EITHER NOT OWING A DEBT TO HOUSING, OR IF YOU DO, YOU HAVE EXECUTED A REPAYMENT AGREEMENT AND METHOD OF PAYMENT, SUCH AS A WAGE ASSIGNMENT OR PROTECTIVE PAYEE STATUS, AND HAVE COMPLIED WITH THE TERMS OF SUCH AGREEMENT FOR AT LEAST THE PREVIOUS SIX CONSECUTIVE MONTHS AND HAVE DEMONSTRATED THE LIKELIHOOD THAT SUCH COMPLIANCE WILL CONTINUE UNTIL THE DEBT IS PAID IN FULL. IF THE DEBT IS LESS THAN SIX MONTHS OLD, THE TIME FRAME SHALL BEGIN 30 DAYS AFTER THE DEBT WAS INCURRED." ALSO, **TO REMAIN ON THE BOARD, YOU MUST REMAIN IN GOOD STANDING.** BOARD MEMBERS RECEIVE A STIPEND FOR ATTENDING MEETINGS AND TRAINING AS SOME TRAVEL MAY BE REQUIRED. THESE ARE FOUR YEAR TERMS. PERSONS INTERESTED IN THE VACANCY, MUST COMPLETE THE BOARD QUESTIONNAIRE AND RETURN IT TO THE HOUSING OFFICE BY **Friday, February 15, 2011 @ 4:30 P.M.**

POSTED:1/19/2011

HOUSING BOARD QUESTIONNAIRE

In order to make an informed selection for the Bad River housing Board vacancy, we would like you to return the enclosed questionnaire by **FRIDAY, February 15, 2011@ 4:30PM.**

1. Are you available to attend meetings on Tuesday nights? _____
2. What Boards or Committees have you served on in the past?

3. On what Boards/Committees do you presently serve on?

4. What do you believe to be the three (3) most important issues Housing needs to address?
A. _____
B. _____
C. _____
5. List two (2) things you would change about our housing program.
A. _____
B. _____
6. Are you willing and able to travel for training occasionally for 3-6 days? _____

Please mark "True" or "False" for the following

Most rents here are much too high _____

It is the Housing Authority's obligation to pay for all repairs and maintenance on its houses _____

Housing should be run as a business _____

Tenants should pay their rent on time _____

It is not right to evict tenants who don't pay their rent _____

It is not right to evict tenants who don't pay their utilities _____

In making tenant selections, consideration should be given to an applicants past record of taking care of a house and paying rent _____

We should have enough houses so all who apply can have one _____

Tenants should be held responsible for the actions of their children and/or guests _____

Rents in Odanah should be lower than in Ashland _____

The Government should subsidize housing more so the rents can be lower _____

The Tribe should subsidize housing to keep rents lower _____

If you are employed by the Tribe in a position where you have access to "confidential" client information, do you believe it is okay to share it with the Housing Authority Board during decisions being made _____

Briefly state the reasons behind your decision to sign up for this vacancy in 200 words or more

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Applicant:_____ **Date:**_____

Printed Name of Applicant: _____

Phone # Home (&/or)cell _____



BAD RIVER HOUSING AUTHORITY

P.O. BOX 57 • Odanah, Wisconsin 54861 • (715) 682-2271 • FAX (715) 682-6818

Position: Assistant Executive Director
Location: Bad River Housing Authority, Odanah, WI.
Supervision: Responsible to the Executive Director.
Salary: Based on education and experience.

Application

Deadline: February 4th of In House Posting.

Job Summary:

Under the supervision of the Bad River Housing Authority Executive Director, the Assistant Executive Director is responsible for the day to day operation and management of the Bad River Housing Authority. The Authority manages over 160 rental and homeownership properties, and also administers construction and rehabilitation programs for managed unit and qualified private homes within the boundaries of the Bad River Reservation in northern Wisconsin. The authority currently employs 17 full-time employees.

In the absence of the Executive Director or as delegated, the Assistant Executive Director exercises control of the administrative and operational functions of the Authority. This top level position involves a broad range of activities, including personnel supervision, development and oversight of construction, rehabilitation and maintenance.

The Assistant Executive Director ensures that the Authority's activities conform to federal, tribal and Board requirements.

The ideal candidate will be a person with experience in Indian housing regulations, operations, housing construction, budget development, fiscal management, planning and supervision of 15 or more employees with experience in responsible management position with a public agency or private organization

Familiarity with social and economic issues relative to Indian housing as well as knowledge of community and public organizations is highly desirable.

Specific Position Qualifications include:

1. Prefer a Bachelor's Degree in Business, Public Administration, Management or related field. (Work experience may be considered in lieu of education).
2. Ability to interpret and implement a wide variety of federal & state laws to include regulations pertaining to Indian Housing, NAHASDA, Labor, employment, fiscal accounting (GASB 34 and GAAP), financial, procurement, property management, environmental compliance, construction and contract administration.
3. Strong math skills, especially those relevant to budgetary, accounting and other financial matters as well as construction matters.
4. Must have knowledge and experience in planning and development of staff and programs.
5. Must have strong oral and writing skills with experience in making effective oral presentations to public agencies. Also, the ability of writing effective plans, reports, grants, contracts and correspondence.
6. Must possess strong organizational and supervisory skills with the capability of managing 15 or more employees.
7. Must possess excellent interpersonal skills and ability to establish and maintain good relations with staff, tenants, community members, as well as tribal, federal and state officials.
8. Must have strong reasoning ability, with capability to analyze and solve complex problems in a practical manner.
9. Must have strong language skills, with ability to analyze and interpret business, technical, legal, regulatory and other professional texts.
10. Must be able to work well in a high stress environment, simultaneously on multiple tasks and meet deadlines.
11. Must be able to perform duties in a professional manner and maintain strict program and tenant confidentiality.
12. Must be computer proficient, including with word processing and spreadsheets, & in house Housing software.
13. Must possess a valid Wisconsin driver's license and access to an insured vehicle.
14. Must be able to travel often for training and other job-related duties.
15. Must be bondable and pass a background check.

Indian Preference:

The Bad River Housing Authority is an equal opportunity employer. However, in the event of equally qualified candidates, the laws government Indian preference shall be applied and Indian preference will be given in accordance with P.L. 93-638.

Position Duties: (In the absence of the Executive Director or as delegated).

1. Attend staff, Housing Board, Tribal Council and other meetings as necessary.
2. Prepare written agenda and material for Board meetings and provide advice.
3. Maintains or supervises the maintenance of all official housing records, property, busing transactions of the authority, including assets, liabilities, receipts and disbursements.
4. Ensures compliance with NAHASDA, Tax Credits and all other federal agencies rule and regulations pertaining to the Housing Authority.
5. Submits required financial and other reports to the Board of Commissioners, Tribal Council, HUD and other governmental agencies in a timely manner.
6. Identifies funding sources and eligibility requirements and secures funding from private and public sources for housing programs in a timely manner.
7. Assists with the planning of future projects including the preparation and revision of short and long term plans and ensures plan completion.
8. Serves as liaison between the authority and various governmental agencies, private organizations, Tribal Council, Tribal Departments, NAIHC, GLIHA, and other Indian Housing agencies and organizations.
9. Represents the Authority in all matters concerning operations, public relations and fiscal management at all levels.
10. Assists in all budgetary oversight and management of tasks.
11. Approves program expenditures.
12. Analyzes operating costs and makes projections for the future.
13. Reviews all audit reports and program monitoring, management reviews and takes appropriate action to close any findings.
14. Conducts the Authority's procurement and disposition activities, including bid preparation, analysis and Board Recommendations.
15. Invests funds in excess of short term needs and maintains back account for direct control of deposits and disbursements.
16. Stays abreast of and interprets governing legislation, regulations and rules pertaining to the Authority's operation.
17. Ensures that all policies and procedures enacting by the Housing Authority are implemented and applied consistently the Housing Staff and Board.
18. In consort with the Board, develops and reviews polices and rules as necessary, and advised Board of any necessary changes to conforms with governing law and regulations.
19. Develops and implements internal control.
20. Supervises all staff, ensuring that all delegated tasks are performed in a timely and professional manner.
21. Ensures that all staff has appropriate tools and materials to facilitate quality performance of their duties, and plans & implements training for staff and Board.
22. Reviews and evaluates staff performance, establishes performance standard and goals. Makes decisions/recommendations related to employee recruitment.
23. Approves employee leave time, comp time and overtime.

24. Reviews and revises as needed all job descriptions as necessary.
25. Solicits legal advice and opinions as needed.
26. Represents the Authority in transactions with financial institutions, property management's agencies, attorneys, accountants, auditors, contractors, architects, engineers, consultants and other professionals as necessary and with the approval of the Board of Commissioners.
27. Ensures that contract employee wages are in compliance with the Davis Bacon Act.
28. Ensures that the Authority implements the necessary environmental review requirements.
29. Terminates agreements for contract breaches by tenants and authorizes court actions or settlements.
30. Performs such other duties as may be assigned by the Housing Board of Directors, or the Executive Director from time to time or necessitated by operational or legislative change.



BAD RIVER HOUSING AUTHORITY

P.O. Box 57

Odanah, Wisconsin 54861

(715) 682-2271 • FAX: 682-6818

Application for Employment

(Complete all items)

Federal law requires that all applications be considered without regard to race, religion, sex, age, or national origin. The Bad River Housing Authority is an equal opportunity employer, subject to the provisions of PL-93-638 and statutes re: Indian Preference.

DATE: _____ POSITION APPLIED FOR _____

Name: _____
(Last) (First) (Middle initial)

Date of Birth _____ Social Security # _____

ADDRESS: _____

PHONE: _____ (home) _____ (cell) _____ (message)

Have you ever been employed here? Yes or No If you answered yes, what were the dates of your employment? _____

Have you ever applied here before? Yes or No Date of application _____

Are you eligible for Indian Preference? Yes or No If you answered yes, what is your enrollment number and/or Tribal Affiliation _____

Availability: ____ Full Time ____ Part Time ____ Temporary

Hours or days NOT available: _____

Are you on layoff and subject to recall? Yes or No If yes when? _____

Valid Drivers License # _____ State _____

Do you have Automobile Insurance? Yes or No If yes, What type _____
Company Name? _____

Do you have access to regular use of a vehicle? Yes or No

Can you travel out of town as the job may require? Yes or No

Summarize any special skills, qualifications, etc. that you possess that relate to the job for which you are applying.

Name, Address, & Phone # of two references who are not related to you and are not former employers.

1. _____
2. _____

Have you ever been convicted of a felony? Yes or No If yes, please explain:

Do you have any physical, mental, medical impairment or disability that would limit your job performance for the position for which you are applying? Yes or No If yes, please explain:

EMPLOYMENT HISTORY (please begin with most recent position)

1. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____
Reason for leaving _____

2. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____
Reason for leaving _____

3. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____
Reason for leaving _____

4. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____
Reason for leaving _____

EDUCATION

1. School Attended & address _____
Years Completed _____ Major Course of Study _____
Degree received _____ Date _____ GPA _____
Special courses, training, honors, activities, etc. _____

2. School Attended & address _____
Years Completed _____ Major Course of Study _____
Degree received _____ Date _____ GPA _____
Special courses, training, honors, activities, etc. _____

3. School Attended & address _____
Years Completed _____ Major Course of Study _____
Degree received _____ Date _____ GPA _____
Special courses, training, honors, activities, etc. _____

MILITARY HISTORY

Branch of Service _____
Dates of Service _____
Rank @ Discharge _____
Special skills, training or duties _____

CERTIFICATIONS

I certify that the answers given herein are true and complete. I understand that knowingly and willfully making a false statement in any manner within the jurisdiction of an agency of the United States Government could result in prosecution for violation of 18 USC 1001.

I understand that the Bad River Housing Authority maintains a drug free workplace, and will enforce the regulations governing same.

In the event of employment, I understand that false or misleading information given on my application or during my interview, may result in immediate discharge.

I also understand I am to abide by the Personnel Policies and Procedures of the Bad River Housing Authority.

I understand that this application is not, and is not intended to be, a contract of employment.

I understand I may be required to permit a lawful check of my back ground through medical or legal channels.

I understand that in the event I am offered employment, I may be required to provide documentation to support this application (e.g. school transcripts or diploma, driver's license, proof of insurance, work permit, proof of tribal affiliation, proof of residence, etc.).

CONSENT FOR RELEASE OF INFORMATION

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and the release of relevant information to the Bad River Housing authority by persons/employers/references named in this application. I also authorize appropriate law enforcement agencies to do a criminal background check and release the results of such check to the Bad River Housing Authority.

For identification purposes only:

Date of Birth _____

SSN # _____

SIGNATURE _____ DATE: _____

My signature above attests to my understanding and agreement with the foregoing.